

Child Safety Policy

Central District Conference of Mennonite Church USA (CDC)

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CDC Child Safety Policy Overview

- Policy [does not permit any abuse](#) and includes procedures designed to prevent acts of sexual misconduct that are communicated to all employees and volunteers working with children.
- No minor is ever [alone with only one adult](#) unless in a [counseling or one-on-one mentoring](#) situation under the guidance of policy.
- We conduct nationwide and statewide criminal or sex offender [background checks](#) on all employees and volunteers working with children and keep signed release forms on file that allows CDC or partner organizations to request a criminal background check.
- At least two organizational [reference checks](#) are conducted on all employees and volunteers working with children.
- All volunteers are required to be [involved with CDC or a CDC member congregation for at least six months](#) before they are allowed in any position involving contact with children.
- We provide guidance and [training](#) on [what constitutes abuse/molestation and how to respond](#).
- CDC's Child Safety Policy provides detailed guidance on
 - [Prevention](#) (listing of detailed ways to minimize occurrences)
 - [At least two adults at all times](#).
 - [Restroom safety](#).
 - [Identification](#) (events, patterns, or trends that can indicate abuse)
 - [Reporting](#) (how and whom to report concerns or incidents without fear of retribution).
 - [Investigation](#) (identifying responsibilities of all parties, which include reporting to police as indicated)
 - [Protection](#) (of victims from harm during investigation)
 - [Response](#) (analysis of occurrences to determine what changes are needed, if any, to policies and procedures to prevent further occurrences)
- CDC programs and emerging communities will confirm that all volunteers/staff have:
 - received, read and signed the policy in the last year.
 - received appropriate training in the last year.
 - had a background check and cleared.
 - Had 2 organization references checked and cleared.
- CDC programs and emerging communities will ensure that a [Site Specific Child Safety Assessment](#) will be conducted at each location.

Preface

For the purposes of this policy “Central District Conference of Mennonite Church USA,” “Central District Conference” or “CDC” means any CDC activities, events, meetings and conferences along with initiatives and programs directly under CDC. It also includes emerging communities/church plants/groups under the fiscal sponsorship of CDC. It does not include emerging communities/church plants/provisional members/member congregations or their activities when they are **not** directly functioning under the EIN of CDC or under the fiscal sponsorship of CDC.

General Purpose Statement

Central District Conference of Mennonite Church USA (CDC) is committed to being a compassionate conference working together toward peace and wholeness. We desire to create a safe space where adults and children are welcome to worship and learn together. We recognize that physical, sexual and emotional abuse are serious problems that undermine healthy relationships in homes and communities. CDC does not tolerate abuse in CDC or during CDC-sponsored activities. We will respond as a conference to reports of abuse involving people within CDC as defined below. In an effort to reduce the risk of abuse, particularly to our youngest and most vulnerable participants in the community, and to promote congregational support for survivors of abuse, we commit to follow the procedures outlined in this document and to foster mutual accountability.

Mennonite Church USA and CDC function within a congregationalist polity. When utilizing a space under the authority of a congregation or other entity with a Safe Church Policy or equivalent or with staff and volunteers (care providers) from a congregation or other entity with a Safe Church Policy or equivalent, CDC may opt to use said entity’s Safe Church Policy, Child Safety Policy or equivalent through the use of a [Memorandum of Understanding](#).

Definitions

For purposes of this policy, the terms “child” or “children” include all persons under the age of eighteen (18) years.

The term “care provider” includes both paid and unpaid persons who work with children.

The term “volunteer” means anyone with responsibilities directly involving children such as during worship or childcare at meetings, in overnight activities involving children, in counseling of children, or in one-on-one mentoring of children.

The term “adult” means anyone eighteen (18) years old or older.

For the purposes of this policy “Central District Conference of Mennonite Church USA,” “Central District Conference” or “CDC” means any CDC activities, events, meetings and conferences along with initiatives and programs directly under CDC. It also includes emerging communities/church plants/groups under the fiscal sponsorship of CDC. It does not include emerging communities/church plants/provisional members/member congregations or their activities when they are **not** directly functioning under the EIN of CDC or under the fiscal sponsorship of CDC.

Selection of Care Providers

All persons who desire to work with the children participating in our programs and activities will be screened. This screening includes the following:

Six Month Rule

No person will be considered for any volunteer position involving contact with children until they have been involved with CDC (including a church, an emerging community or church plant of CDC) for a minimum of six (6) months. This time of interaction between the people of CDC and the applicant allows for better evaluation and suitability of the applicant for working with children.

Written Application

All persons seeking to work with children must complete and sign a [written application](#) in a form to be supplied by CDC. The application will request basic information from the applicant and will inquire into previous experience with children, previous CDC affiliation, reference and employment information, as well as disclosure of any previous criminal convictions. The application form will be maintained in confidence on file at the CDC.

Personal Interview

Upon completion of the application, a face-to-face interview (in-person or virtual) may be scheduled with the applicant to discuss their suitability for the position.

Reference Checks

Before an applicant is permitted to work with children, at least two of the applicants’ references will be checked. To the extent reasonably possible, these references should be of an institutional nature (employer, organization they

volunteer with, church, etc.) as opposed to personal or family references, preferably from organizations where the applicant has worked with children in the past. References may be checked by CDC, Mennonite Church USA, Mennonite Church USA congregation or partner organization. Documentation of the reference checks will be maintained in confidence on file at CDC or the partner organization that did the reference checks.

Criminal Background Check

A nationwide and statewide criminal or sex offender [background check](#) is required for all care providers and employees aged eighteen (18) years or older. Background checks are not required for people under the age of eighteen (18) years. A nationwide and statewide criminal or sex offender background check run by Mennonite Church USA during the credentialing process or nationwide and statewide criminal or sex offender background check run by Mennonite Church USA church or partner organization will be accepted as meeting this requirement.

Before a background check is run, prospective care providers will be asked to sign an authorization form allowing the CDC to run the check. If an individual declines to sign the authorization form, they will be unable to volunteer or serve on staff.

A disqualifying offense that will keep an individual from working with children will be determined by staff of CDC or authorized entity conducting background checks on a case-by-case basis in light of all the surrounding circumstances. Generally, convictions for an offense involving children and/or for offenses involving violence, dishonesty, illegal substances, indecency and any conduct contrary to our mission will preclude someone from being permitted to work with children. Failure to disclose a criminal conviction on the application form may also be a disqualifying event.

The background check authorization form and results will be maintained in confidence in the files of organization that runs it.

Training

CDC will require and provide training on child safety protection to all new care providers and will strive to provide opportunities for additional training classes or events on an annual basis. All care providers are strongly encouraged to attend these training events.

Teenage Care Providers

We recognize that there may be times when it is necessary or desirable for care providers (paid or volunteer) who are themselves under age eighteen (18) to assist in caring for children during programs or activities. The following guidelines apply to teenage care providers:

1. Must be at least age 14.
2. Must be screened as specified above.
3. Must be under the supervision of two adults and must never be left alone with children.
4. Teenage care providers do not count as an adult for the purposes of the two adult policy.

Child Protection Policies

Two Adult Policy

It is our goal that a minimum of two unrelated adult care providers will be in attendance at all times when children are being supervised during our programs and activities. While less preferred, a second unrelated adult actively monitoring multiple adjacent rooms that have open doors is permitted. We do not allow children to be alone with one adult on our premises or in any sponsored activity unless in a counseling or one-on-one mentorship situation.

For small communities, you may consider a few strategies to comply with the “two adult” requirement:

1. Children’s programming could be conducted in a room adjacent to the main gathering space with the door open and the ability for multiple adults in the main gathering space to actively monitor the adjacent room at all times. Adults unrelated to the care provider should routinely, randomly, and physically visit the room.
2. A video camera can be used to actively monitor a nearby room where multiple people can watch what’s happening at all times on a TV screen. Video should be recorded and archived for at least twenty-four (24) months in case an issue arises. Adults unrelated to the care provider should routinely, randomly, and physically visit the room.
3. Children’s programming can be conducted in a well-utilized public space (i.e. a public park) where other adults are present at all times.

Counseling and One-on-One Mentoring

CDC programs or emerging communities doing counseling or one-on-one mentoring will meet with Associate Conference Minister Matt Pritchard (matt@mcusacdc.org) to plan compliance before any meetings occur.

1. This full Child Safety Policy will be provided to all parents of children receiving counseling or one-on-one mentoring.
2. Program leadership will conduct random audits of the program where leadership can check in to make sure things are going well.
3. Mentor and counseling sessions will be held in areas where other staff and/or volunteers are present and can see you. For example, have pairs break up in a large room so that each meeting can be seen, but not heard. Use of a video camera can be a helpful tool for accountability and recordings should be archived for at least twenty-four (24) months in case an issue arises.
4. If meeting outside of organization space, always attempt to meet outdoors, or in public places. If this is not possible, approval from a supervisor, program leadership, and/or parents/guardians is required before changing locations.
5. Inform Parents and mentees that they may report red flag behaviors to CDC office at office@mcusacdc.org or (574) 534-1485.
6. Program leadership will ensure check-ins with participants are documented by someone other than their direct mentor.
7. Mentors will copy parents, staff, or other children (when appropriate) on written and/or electronic communications.
8. Virtual meetings should be recorded and archived for at least twenty-four (24) months.

Open Door Policy

Classroom doors should remain open unless there is a window in the door or a side window beside it. Except during an emergency lockdown, doors should never be locked while persons are inside the room.

Medications Policy

It is the policy of CDC not to administer either prescription or non-prescription medications to the children under our care. Medications should be administered by a parent.

Exceptions to the medications policy may be granted to parents of children with potentially life-threatening conditions (such as asthma or severe allergic reactions) or in the case of an overnight or extended event. Parents of such children should address their situation with CDC staff or emerging community leadership to develop a plan of action.

Child Release Policy

Children will only be released to a guardian or person explicitly authorized by a guardian. Guardians may explicitly authorize children aged eleven (11) or older to be released without a guardian or authorized person.

Discipline Policy

It is the policy of CDC not to administer corporal punishment, even if parents have suggested or given permission for it. There should be no spanking, grabbing, hitting, or other physical discipline of children. Care providers should consult with onsite leadership if assistance is needed with disciplinary issues.

Restroom Policy

Children five (5) years of age and younger should use a classroom restroom if one is available. If a classroom restroom is not available, care providers should escort a group of children to another restroom. They should always go in a group, never taking a child to the restroom alone. The care providers should check the restroom first to make sure that it is empty, and then allow the children inside. The care providers should then remain outside the restroom door and escort the children back to the classroom. If a child is taking longer than seems necessary, the care provider should open the restroom door and call the child's name. If a child requires assistance, the care providers should prop open the restroom door, and leave the stall door open as they assist the child.

For children over the age of five (5) but under the age of eleven (11), the care provider should check the restroom first to make sure that the restroom is empty, and then allow the children inside. The care provider should then remain outside the restroom door and escort the children back to the classroom.

For the protection of all, care providers should never be alone with a child in a restroom with the door closed and never be in a closed restroom stall with a child. Parents are strongly encouraged to have their children visit the restroom prior to releasing them into the care of care providers.

Accidental Injuries to Children

In the event that a child is injured while under our care, the following steps should be followed:

1. For minor injuries, scrapes, and bruises, care providers may provide First Aid (Band-Aids, etc.) as appropriate and will notify the child's parent or guardian of the injury at the time the child is picked up from our care.
2. For injuries requiring medical treatment beyond simple First Aid, the parent and/or guardian will immediately be summoned in addition to the care provider's supervisor. If warranted by circumstances, transport to a medical facility will be arranged.
3. Once the child has received appropriate medical attention, an incident report will be completed in the case of injuries requiring treatment by a medical professional.

Responding to Allegations of Child Abuse

For purposes of this policy, "child abuse" is any action (or lack of action) that endangers or harms a child's physical, psychological or emotional health and development. Child abuse occurs in different ways and includes the following:

Physical abuse – any physical injury to a child that is not accidental, such as beating, shaking, burns, and biting.

Emotional abuse – emotional injury when the child is not nurtured or provided with love and security, such as an environment of constant criticism, belittling and persistent teasing.

Sexual abuse – any sexual activity between a child and an adult or between a child and another child at least four years older than the victim, including activities such as fondling, exhibitionism, intercourse, incest, and pornography.

Spiritual abuse - emotional and psychological abuse of a child in a religious context characterized by the use of Scripture or other religious materials to coerce and control the behavior, thoughts or feelings of others. Spiritual abuse may occur as a systematic pattern of harmful behaviors within the faith community, or as isolated instances of spiritual abuse by an individual.

Neglect – depriving a child of his or her essential needs, such as adequate food, water, shelter, and medical care.

Care providers may have the opportunity to become aware of abuse or neglect of the children under our care. In the event that an individual involved in the care of children for CDC becomes aware of suspected abuse or neglect of a child under their care, this should be reported immediately to civil authorities and the Conference Minister or the President of CDC's Board of Directors for further action.

In the event that an incident of abuse or neglect is alleged to have occurred during the sponsored programs or activities of CDC, the following procedure shall be followed and implemented by the CDC Conference Minister and/or Board of Directors President:

1. The parent or guardian of the child will be notified.
2. The care provider or church member alleged to be the perpetrator of the abuse or misconduct will immediately be placed on leave pending an investigation and instructed to remain away from CDC premises during the investigation. They should be instructed to have no contact with the victim or with witnesses.
3. All allegations of abuse should be reported to the civil authorities, and the organization will comply with the state's requirements regarding mandatory reporting of abuse as the law then exists. The organization will fully cooperate with the investigation of the incident by civil authorities.
4. The insurance company will be notified, and the organization will complete an incident report. Any documents received relating to the incident and/or allegations will immediately be forwarded to the insurance company.
5. Conference Minister (or Board President if conflict of interest) will designate a spokesperson to the media concerning incidents of abuse or neglect. With the goal of maximum transparency and care for victims, advice of legal counsel will be sought before responding to media inquiries or releasing information about the situation to the involved community as defined situationally by the CDC Board of Directors. All other representatives of CDC should refrain from speaking to the media.
6. Any person who is not found innocent of the alleged abuse or misconduct will be removed from their position working with children and their church community shall be notified.
7. Allegations of abuse will be investigated with care not to disrupt or compromise the investigation by civil authorities.
8. If a credentialed leader is accused, we will abide by the Pastoral Sexual Abuse Policies and Procedures of Mennonite Church USA.

9. If someone other than a credentialed leader is accused we will proceed as follows guided by the Mennonite Church USA's "[Prevention and Response: Sexual Abuse and Non-Credentialed Individuals](#)" or its successor. (In the event of a conflict, we will default to the Mennonite Church USA's guidance at the discretion of CDC's board of directors.):
 - a. An investigation will be initiated.
 - b. CDC leadership will contact a trained investigator or investigative team to complete the investigation.
 - c. The investigator(s) will establish a schedule for the investigation, and keep CDC Board of Directors informed of the investigation's progress. CDC leadership will continue to communicate progress with the complainant and affected communities.
 - d. At the conclusion of the investigation, the complainant and the accused individual will be informed of the results in writing, as well as by phone and/or in person. The affected communities will also be informed of the outcome in writing.
 - e. We will analyze any occurrence to determine what changes are needed, if any, to policies and procedures to prevent further occurrences.
 - f. In addition to the procedures outlined in sections a-e, above, the following actions will be taken:
 - i. Pastoral care will be made available to all. This should be for the purpose of providing pastoral support during the time of crisis and not for the purpose of investigating the incident or influencing the investigation.
 - ii. CDC leadership will attend to the need for healing and processing within the entire affected community. This could look like informational meetings, circle processes, prayer meetings, and task forces to address future concerns.
 - iii. CDC leadership will maintain a record of events in the affected communities process, from the first report through the outcome. This will include meetings and major communications that took place. CDC leadership will help keep this timeline complete.
 - iv. If the complainant agrees, and following all applicable confidentiality laws, CDC leadership will make available public written communication about the case. This information can be requested by people within the affected community, or outside of

it. Examples of this public written communication are letters from CDC leadership to the affected community about the complaint, investigation process, or results, as well as other records.

Reporting of Violations of this Policy

Care providers agree to promptly report violations of this policy. Report violations of this policy to the CDC office at office@mcusacdc.org or (574) 534-1485.

Care Provider Agreement

It is the goal of this church to create a safe and secure environment for all children and care providers who are involved in church activities. To facilitate this emphasis, it is necessary to gather pertinent information from those who desire employment or offer volunteer services to our children programs. This information will be used for the sole purpose of helping the church provide a safe and secure environment for children and care providers.

Name:

Date:

Have you ever used name(s) other than the one above? If yes, please list:

Home Phone:

Mobile Phone:

Work Phone:

Social Security Number:

Current address

Address:

City:

State:

Zip:

I have lived here since:

Address History for the last 7 years.

Address:

City:

State:

Zip:

I lived there from:

until:

Address:

City:

State:

Zip:

I lived there from:

until:

Address:

City:

State:

Zip:

I lived there from:

until:

Address:

City:

State:

Zip:

I lived there from:

until:

Address:

City:

State:

Zip:

I lived there from:

until:

Attach all additional addresses for the last 7 years.

Employment History (starting with most recent)

Employer:

Job Title and Responsibilities:

Reason for leaving:

Employment Dates:

Address:

City:

State:

Zip:

Supervisor's Name:

Supervisor's Phone Number:

Supervisor's Email:

Employer:

Job Title and Responsibilities:

Reason for leaving:

Employment Dates:

Address:

City:

State:

Zip:

Supervisor's Name:

Supervisor's Phone Number:

Supervisor's Email:

Employer:

Job Title and Responsibilities:

Reason for leaving:

Employment Dates:

Address:

City:

State:

Zip:

Supervisor's Name:

Supervisor's Phone Number:

Supervisor's Email:

Employer:

Job Title and Responsibilities:

Reason for leaving:

Employment Dates:

Address:

City:

State:

Zip:

Supervisor's Name:

Supervisor's Phone Number:

Supervisor's Email:

Attach all additional Employers and the above information for the last 7 years.

Is there any reason you should NOT work with or around children or youth?

Have you ever been accused of, participated in, or been convicted of sexual misconduct?

If yes, please provide details:

Have you ever been the subject of a child abuse investigation?

If yes, please provide details:

Have you ever been convicted of or pleaded guilty to a criminal offense?

If yes, please provide details:

Educational Background Starting with High School

High School Name:

High School Location:

Years attended:

Year Graduated:

School Name:

School Location:

Years attended:

Year Graduated:

Areas of Concentration:

School Name:

School Location:

Years attended:

Year Graduated:

Areas of Concentration:

School Name:

School Location:

Years attended:

Year Graduated:

Areas of Concentration:

School Name:

School Location:

Years attended:

Year Graduated:

Areas of Concentration:

Attach all additional schools.

Please provide the following church information

What, if any, church affiliation do you have?

How long have you attended that church?

Are you a member?

List other churches with which you have been affiliated and locations.

Have you ever worked with youth or children?

List where:

References

Please list two most recent references (of a business or organizational nature):

Name:

Phone number:

Address:

City:

State:

Zip:

Relationship:

Date of start of relationship:

Name:

Phone number:

Address:

City:

State:

Zip:

Relationship:

Date of start of relationship:

The information contained in this application is correct and complete to the best of my knowledge.

Should my application be accepted, I agree to follow the Child Safety Policy and to refrain from inappropriate conduct in the performance of my services on behalf of the church. I understand that any violation of this Policy or misrepresentation of information that I have provided may result in termination of employment or volunteer service with children/youth. I acknowledge that I have read, understand and agree to abide by the Child Safety Policy and have received a copy for my personal use.

I agree that CDC may suspend or revoke permission for me to work with children at any time for any or no reason.

Signature

RELEASE OF INFORMATION [Separate, free-standing page which can be sent]

_____ (Name of Organization or Individual Released)

_____ (Name of Organization or Individual Released)

I authorize any references, churches, or other organizations listed on this release to give Central District Conference of Mennonite Church USA (herein, CDC) any information they may have (including evaluative opinions) regarding my character and fitness for working with children or youth and I hereby release all such references, churches, or other organizations from liability for damages of whatever kind or nature that may result from furnishing such information including evaluations to CDC. I waive any right I may have to inspect any information provided about me by any person or organization identified by me in this Release.

I authorize any law enforcement agency or governmental intelligence agency to perform a background Criminal and Civil Records Check on me and that any information which pertains to any record of convictions contained in police files or any criminal or civil file maintained on me, whether national, state, or local, be released to CDC. In so authorizing, I release any law enforcement agencies, CDC or those individuals receiving the results of the background check from any and all liability resulting from such disclosure.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT IN EXCHANGE FOR THE OPPORTUNITY TO SERVE AS A CDC EMPLOYEE OR VOLUNTEER. This is a legally binding agreement, which I have read and understand. I understand that the personal information given to CDC will be held in confidence by CDC.

Signature:

Date:

Printed Name: _____

Documentation of Reference Check

Care Provider

Applicant Name:

Reference Name:

Date of Contact:

Method of Contact and Contact Information:

- Telephone:
 - E-mail:
 - Other:___ Reference Check Type (check one):
 - Former Employer
 - Personal
 - Former Volunteer
 - Other Organization (please specify):
-

How long have you known the applicant? Under which circumstances?

What is your knowledge of this person's work with children/youth?

How would you describe this person's manner of interacting with children/youth?

Based on your observation, is this person reliable and dependable?

Would you feel comfortable with this person being alone with a small group of children/youth for a period of time? Why or why not?

Do you have any concerns we should know about regarding this person's ability to work with children/youth?

Were you ever made aware of circumstances in which this person's care of children/youth was called into question or criticized? If yes, please describe the circumstances.

Were you ever made aware of any criminal or civil investigations or actions taken against this person? If yes, please describe the circumstances.

Do you recommend this person to work with children/youth? Why or why not?

Is this person eligible to work with your organization's children again in the future? If no, why not?

Parental Permission Form

Medical Release Parent Permission

Child's Name _____ Age _____

PARENT INFORMATION

Parent/Guardian _____ Phone (c) _____ (H) _____ (W) _____
Email _____ Emergency Contact _____ Phone
(c) _____ (H) _____ (W) _____ Email _____

HEALTH INFORMATION

Allergies

Does your child have any allergies? Yes No If yes, List:

Asthma

Does your child ever experience symptoms of asthma? Yes No If yes, does your child carry an inhaler?

Medication

Does your child require prescribed medication? Yes No If yes, list medications and dosages:

Health Concerns/Physical Impairments

Please note any physical impairments, health concerns, special accommodations, etc. needed for your child. Please be specific.

Anything else children's staff should be aware of

I, the undersigned, certify that I am the parent or legal guardian of _____ (hereafter the "minor child").

I give my consent to have my minor child participate in the children's activities of CDC:
(hereinafter "the activity") on _____ (date(s)).

[[I know hold harmless are standard and best practice but I tend to think that's why we have insurance. If someone was to get hurt at one of our events because of our negligence or just because of their participation, I want our insurance to justly compensate them even if it means our premiums increase.]

I recognize that there are risks of injury, harm or even death involved in participating in the activity and I hereby assume all risks of injury, harm, or death to my minor child in connection with his/her participation in the activity.

To the fullest extent permitted by law, I release CDC, its directors, employees, volunteers and affiliates (hereinafter, "its representatives") from liability with respect to any injury, harm, or death which may occur to my minor child, including property damage, while participating in the activity and agree to save and hold harmless CDC, and its representatives from any claims arising out of my minor child's participation in the activity or the negligent acts of CDC and its representatives.]

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to access treatment for my child. I give permission to any attending physician to treat my minor child.

Parent/Guardian Signature

Date

Caregivers: Please take completed forms along on field trip & keep on hand while at the conference site.

Incident Report

Complete this report under any of the following situations:

- A. A child becomes ill or receives an injury that requires First Aid or medical treatment while in your care;
- B. A child receives a bump or blow to the head or other visible injury regardless of treatment;
- C. A child is transported by ambulance from your facility;
- D. An unusual or unexpected incident occurs that jeopardizes the safety of a child, such as a child left unattended, there is a vehicle accident (with or without injuries), or a child is exposed to a threatening person or situation;
- E. There is an allegation or reasonable suspicion of abuse of a child.
Important: Consult your state's mandatory reporting requirements for further information on abuse reporting; OR
- F. As otherwise required by any state licensing or other authority, such as childcare or daycare licensing. .

Date of Incident:

Time of Incident:

Name and Approximate Age of Child Involved (One Report per Child):

Contact Information for Child Involved:

Parent/Guardian:

Address:

City:

State:

Zip:

Telephone:

Email:

Nature of Injury/Incident:

Location of Incident:

Description of Incident:

Was the above information:

Reported to you by someone else? If so, who:

OR

Directly observed/witnessed by you?

Action(s) Taken: (Check all that apply.)

Provided First Aid	What/When
Call placed to 911	By Whom
Taken to hospital	By Whom
Notified Parent/Guardian	Who/When:
Notified Church Official	Who/When:
Notified CDC Official	Who/When:
Notified Authorities	Who/When:
Other	

Witnesses to Incident:

Name:

Address:

City:

State:

Zip:

Telephone:

Email:

Name:

Address:

City:

State:

Zip:

Telephone:

Email:

Printed Name of Person Completing this Report:

Position at the Church/CDC:

Home Phone:

Work Phone:

Mobile Phone:

Email:

Signature:

Date:

Signature of Local Church Official (if applicable):

Date:

Signature of CDC Official:

Date:

Witness Report

Name:

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Mobile Phone:

Email:

Date/Time of Incident:

Fully Describe What You Observed:

Anyone else you know who may have witnessed the incident?

Name:

Address:

City:

State:

Zip:

Telephone:

Email:

Name:

Address:

City:

State:

Zip:

Telephone:

Email:

Site Specific Child Safety Assessment

Emerging Community/Event/Program Name:

What gatherings do you have as a community and where are children (under 18 years) during these gatherings?

What children's programs (under 18 years) do you have?

Where specifically do your children's programs (under 18 years) take place? Please take pictures/videos of the facilities.

Is there a Child Safety Policy or equivalent for any of these spaces? If there is, please attach the Child Safety Policy. Do any of the entities require your use of their policy?

Is there any aspect of CDC's Child Protection Policy that will be difficult to comply with? We want to work with you to find solutions.

If you plan to conduct counseling or one-on-one mentoring of children, make a plan with Associate Conference Minister Matt Pritchard (matt@mcusacdc.org) before any counseling or mentoring occurs.

Crisis Plan

Concerning the treatment of victims, parents and employees, and how to communicate with authorities and the media if there is an incident of abuse.

Evaluation of Partner Organization Child Protection Policy

For the purpose of evaluation, the scope is specifically the event or program under CDC.

- [Does not permit any abuse and includes procedures designed to prevent acts of sexual misconduct that are communicated to all employees and volunteers working with children.](#)
- Partner organization requires that [no minor is ever alone with only one adult](#) unless in a [counseling or one-on-one mentoring situation](#).
- Partner organization conducts nationwide and statewide criminal or sex offender [background checks](#) on all employees and volunteers working with children and has a signed release form on file that allows partner organization to request a criminal background check.
- Partner organization conducts at least [two organizational reference checks](#) on all employees and volunteers working with children,
- All volunteers are [required to be involved with CDC or a CDC member congregation for at least six months](#) before they are allowed in any position involving contact with children.
- Partner organization provides [training](#) on [what constitutes abuse/molestation and how to respond](#).
- Partner organization child protection policy provides detailed guidance on
 - [Prevention](#) (listing of detailed ways to minimize occurrences)
 - [At least two adults at all times](#).
 - [Restroom guidance](#).
 - [Identification](#) (events, patterns, or trends that can indicate abuse)
 - [Reporting](#) (how and whom to report concerns or incidents without fear of retribution (2 people should be identified)).
 - [Investigation](#) (identifying responsibilities of all parties, which include reporting to police as indicated)
 - [Protection](#) (of victims from harm during investigation)
 - [Response](#) (analysis of occurrences to determine what changes are needed, if any, to policies and procedures to prevent further occurrences)
- CDC staff has/will confirm that all volunteers/staff have:
 - received, read and signed the policy in the last year.
 - received appropriate training in the last year.
 - had a background check and cleared.
 - Had 2 organization references checked and cleared.
- A [Site Specific Child Safety Assessment](#) has been conducted.

Memorandum of Understanding when Using Local Community Child Safety Plan or Equivalent

This is a Memorandum of Understanding (“MOU”) between Central District Conference of Mennonite Church USA (“CDC”) and partner organization _____ (“partner organization”).

For the purpose of _____

_____ (“purpose”), CDC will utilize the attached child protection policy (“CPP”) with the following modifications (“modifications”):

The CPP will be provided to a parent/guardian of all participating children. If there are any modifications to CPP, this MOU will be provided to a parent/guardian of all participating children as well and MOU will receive signed agreement by all volunteers serving for purpose before they will be permitted to work with children participating in purpose. CDC and partner organization agree to fully cooperate and aid in any investigation of potential misconduct including collecting and sharing incident and witness reports.

CDC authorized representative:

Name _____ Signature _____ /____/20__

Partner organization authorized representative:

Name _____ Signature _____ /____/20__

I have received, read and agree to the modifications to the previously agreed to CPP for the purpose only.

Name _____ Signature _____ /____/20__

National Background Check and Reference Verification Form

Names:

- A nationwide and statewide criminal or sex offender background check was performed on the above listed individuals and we have determined that they have no disqualifying records. initial_____
- At least two organizational references have been conducted on the above listed individuals and, in accordance with these references, we have determined that they have no disqualifying history. initial_____

Signature: _____ Date: _____

Name: _____

Role: _____

Organization: _____